

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914231	RECEIPT DATE:	08 / 22 / 01
IA NUMBER:	PCT/ AU00 / 01150	IA FILING DATE:	09 / 21 / 00
FAMILY NAME:	FISHER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID JOHN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 21 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: EDWING D SCHINDLER

STREET: FIVE HIRSCH AVENUE  
PO BOX 966

CITY: CORAM

STATE/COUNTRY: NY ZIP: 117270966

EMAIL:

APPLICATION TITLES:  
SEATING SYSTEM

TAB TO LAST POSITION,PUSH SEND